

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: MT CASTLE HOUSE (310288)

Address: 9205 N PEARLETTE LN, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 10/01/1996

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095525 **End Date:** 08/22/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008831 Served 09/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0090657 **End Date:** 06/30/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006864 Served 07/24/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	08/22/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	08/22/2005	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	08/22/2005	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	08/22/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	08/22/2005	Yes
83.41(10)(e)	STORAGE IN ORDERLY CONDITION	08/22/2005	Yes
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	08/22/2005	Yes
83.43(5)(a)3	ATTIC	08/22/2005	Yes

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Provider Inspection Summary

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Community Based Residential Facility
CLASS AA (AMBULATORY)

Enforcement History

Date: 09/15/2005 SOD #10008831 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

Date: 07/21/2003 SOD #10006864 Appealed: No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

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Community Based Residential Facility
CLASS AA (AMBULATORY)

Complaint History

Date Complaint Received: 12/13/2004

Date Investigation Completed: 07/26/2005

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
10008831

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